



U.S. DEPARTMENT OF STATE  
**APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD  
OF A CITIZEN OF THE UNITED STATES OF AMERICA**

OMB NO. 1405-0011  
EXPIRES: 09/30/2006  
Estimated Burden: 20 Minutes\*

**A. THIS SECTION TO BE COMPLETED BY APPLICANT.**

Please Type or Print Neatly in Blue or Black Ink.  
See Instructions on Reverse Side.

1. NAME OF CHILD IN FULL (First) (Middle) (Last)		2. SEX <input type="checkbox"/> M <input type="checkbox"/> F
3. DATE OF BIRTH (mm-dd-yyyy)	4. HOUR AM PM	5. PLACE OF BIRTH IN FULL (City, State, Country)

18.

Serial No. \_\_\_\_\_  
Date Issued (mm-dd-yyyy) \_\_\_\_\_  
Approved by \_\_\_\_\_  
FN Post \_\_\_\_\_

**THE FOLLOWING ITEMS PERTAIN TO THE NATURAL PARENTS. COMPLETE FOR BOTH FATHER AND MOTHER.**

FATHER	ITEM	MOTHER
	6. FULL NAME (Include mother's maiden name)	
	7. DATE OF BIRTH (Month, day, year)	
	8. PLACE OF BIRTH (City, State, Country)	
	9. PRESENT ADDRESS (Street No., City, State)	
	10. ADDRESS IN UNITED STATES (Street No., City, State)	
	11. EVIDENCE OF U.S. CITIZENSHIP IF ALIEN, SHOW NATIONALITY	
FROM (mm-dd-yyyy) TO (mm-dd-yyyy)	12. PRECISE PERIODS OF PHYSICAL PRESENCE IN UNITED STATES (Do not list individual States. Use additional paper, if necessary)	FROM (mm-dd-yyyy) TO (mm-dd-yyyy)
FROM (mm-dd-yyyy) TO (mm-dd-yyyy) BRANCH OF SERVICE	13. PRECISE PERIODS ABROAD IN U.S. ARMED FORCES, IN OTHER U.S. GOVERNMENT EMPLOYMENT, WITH QUALIFYING INTERNATIONAL ORGANIZATION, OR AS DEPENDENT OF SUCH PERSON (Specify)	FROM (mm-dd-yyyy) TO (mm-dd-yyyy) BRANCH OF SERVICE
	14. PREVIOUS MARRIAGES (Show dates and manner of termination of all)	

15. DATE AND PLACE OF PRESENT MARRIAGE (mm-dd-yyyy) (City, State, Country)

**B. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICER, NOTARY PUBLIC OR OTHER PERSON QUALIFIED TO ADMINISTER OATH**

16. AFFIRMATION: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE  
BEST OF MY KNOWLEDGE AND BELIEF.

NAME OF PERSON PROVIDING INFORMATION		SIGNATURE		RELATIONSHIP TO CHILD	
SUBSCRIBED TO: (SEAL)	TYPED NAME AND TITLE OF OFFICIAL	SIGNATURE OF OFFICIAL		CITY	DATE (mm-dd-yyyy)

**C. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICE**

17. DOCUMENTS PRESENTED:

18. (See upper right corner)